

***Welcome to the Advanced Development and Professional Training Program Supervisor
Presurvey for Adobe Acrobat® Reader 3.0!***

Note: If you are using an earlier version of Adobe Acrobat® Reader than 3.0, you may encounter some error messages or question mark icons in the forms. For full use of the document, it is recommended that you download Adobe Acrobat® Reader 3.0. See <http://www.adobe.com/acrobat> for more information.

Using Advanced Development and Professional Training Program Supervisor Pre-survey for Adobe Acrobat ® Reader

Features have been added to this document to make finding and completing information easier, including:

- ***Bookmarks***
After opening the file in Adobe Acrobat® Reader, click the second button from the left on the toolbar, “Displays both bookmarks and page.” This will display bookmarks that can be clicked to navigate to key areas in the document. More space can be made for the column on the left by dragging the right column border to the right.
- ***Form fields***
The Advanced Development and Professional Training Program Supervisor Pre-Survey can be completed on the computer printed for mailing or faxing. The print button is located on page 4.
- ***Hotwords***
Words that are red in color are links to other locations. When clicked, these red hotwords will either link to other sections of the document, definitions in the glossary, or the World Wide Web.
- ***Checkboxes and Radio Buttons***
Square check boxes can be clicked and a checkmark or X will appear in the box. Click on the box again to delete the checkmark. To select a circle choice, click once in the circle. Click the circle’s partner circle to change your answer.

See the “Reader Online Guide” in the Help Menu of Adobe Acrobat® Reader or <http://www.adobe.com/acrobat> for more information about Adobe Acrobat® Reader.

SUPERVISOR PRESURVEY

NAME: <i>(full name and MI)</i>	SITE: <i>(site name and contractor, if applicable)</i>
TITLE:	
PHONE: <i>(area code and extension, if applicable)</i>	FAX: <i>(include area code)</i>
SITE MAILING ADDRESS:	

ADAPT PARTICIPANT NAME:	ADAPT PARTICIPANT PHONE:
TRAINING OFFICER NAME: <i>(if applicable)</i>	TRAINING OFFICER PHONE:
ADDITIONAL POINT OF CONTACT: <i>(if applicable)</i>	ADDITIONAL CONTACT PHONE:

PARTICIPANT'S PRIMARY JOB FUNCTION <i>(list the primary duties or areas of responsibility for the job you would like training for)</i>	

	ADDITIONAL JOB FUNCTION(S) <i>(list any additional or collateral duties such as Derivative Classifier, etc.)</i>

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Developmental need, or specific training need: (List specific training needs to accommodate any changes in or additions to primary job function, or any developmental need [such as improving supervisory skills] that may require formal training or an individualized program)

Discipline Examples: Training Management Physical Security Information Security	Is there a specific discipline you would like the participant to train in? <div style="display: flex; justify-content: space-around;"> Yes No </div> If yes, Which one?
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What do you believe to be the participant's current level of knowledge and skills in the area of interest?

Please check one.

Little or no knowledge of the subject	Familiarity level: Basic knowledge of or exposure to the subject/process.	Working level: Knowledge required to monitor and assess operations/activities; apply standards of acceptable performance.	Expert level: Comprehensive, intensive knowledge of the subject/process.	Demonstrate the ability: Actual performance of a task or activity in accordance with policy.

What level of knowledge and skills do you want/need the participant to obtain? Please check one.

Familiarity level:	Working level:	Expert level:	Demonstrate the ability:

Have you discussed your expectations with the ADAPT participant? Yes No

Signatures:

Supervisor
ADAPT Participant

NEXT STEP to ADAPT...

Thank you for completing the ADAPT presurvey. A S&SCTA representative will contact you and the ADAPT participant shortly to arrange a one-on-one conference. During the conference, a preliminary individualized professional development plan will be produced. Please refer to the box below and ensure that the participant brings the identified documentation to the conference.

Preconference Checklist					
	Completed Survey	Completed Supervisor's Survey	Prior Training Records	Certificates, licenses, certifications	Any other applicable information